



**Central District Health Department  
Supplemental Application Questionnaire**

Position: **Health Clerk**

Applicants Name:\_\_\_\_\_

Applicants Email Address:\_\_\_\_\_

Applicants Phone Number:\_\_\_\_\_

This questionnaire must be completed and turned in with the application for employment. Please be complete but concise. Resumes are strongly encouraged.

1. Please describe your experience and qualifications that would make you a good choice for this position.

2. Describe what you enjoy about answering telephones and working with customers.

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Applicants Name:\_\_\_\_\_

3. What motivates you to do a great job at work? Describe your perfect supervisor.

4. What makes you stand out as a top candidate for this position?

5. Describe what excellent customer service is.